

2597

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Maricopa State _____
District or Township _____ or Village _____
City Phoenix No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number).

State File No. 344
Registered No. 648

2. FULL NAME Myrtle May Carpenter

(a) Residence, No. Route # 9 St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR or RACE White 5. SINGLE, MARRIED, WIDOWED or DIVORCED. Married
(Write the word)

5a. If married, widowed, or divorced
HUSBAND of R.C. Carpenter
(or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1, 1905

7. AGE Years 22 Months 0 Days 28 IF LESS than 1 day _____ hrs. _____ or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) _____ (State or country) Arkansas

10. NAME OF FATHER G.W. Sell

11. BIRTHPLACE OF FATHER _____ (city or town) _____ (State or country) Ark.

12. MAIDEN NAME OF MOTHER Snarks

13. BIRTHPLACE OF MOTHER _____ (city or town) _____ (State or country) Ark.

14. Informant R.C. Carpenter
(Address) R.D. 9

15. Filed 6-2, 1927 R. D. Suresh
Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 28-27
Month _____ Day _____ Year _____

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1927 to May 28, 1927, that I last saw her alive on May 28, 1927, and that death occurred, on the date stated above, at 11:30 P. M. The CAUSE OF DEATH* was as follows:

1. Tuberculosis Pulmonary Chronic
Acute Relapsed
2. Laryngeal Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. Where was disease contracted _____ If not at place of death? Usual State
Did an operation precede death? No Date of _____
Was there an autopsy? No

What test confirmed diagnosis? Clinical
(Signed) Spencer D. White, M. D.
June 1-1927 (Address) Phoenix Ariz.

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Greenwood

20. UNDERTAKER W. L. MOORE & SONS

DATE OF BURIAL

5-30-27

ADDRESS

Phoenix